Effective October 1, 2000														
CLAIMS AS FILED - PART (Column 1)						(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			24					RATE	T	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	<b>E</b> 3	55.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			√ ✓ minus 20=		• 4.			X\$ 9=			OR	X\$18=	72	
INDEPENDENT CLAIMS			<u>၂</u> minus 3 =		· Ø			X40=			OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=			OR	+270=		
° If the difference in column 1 is less than zero, ent					r "0" in c	olumn 2		TOTAL	1		OR	TOTAL	782	
3/3/05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							)	SMAL	LEI	ITITY	OR	OTHER SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST ABER OUSLY FOR	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
OME	Total	• 24	Minus	6	74			X\$ 9=			OR	X\$18=		
MEN	Independent	. 2	Minus	***	3_	-/	4	X40=			OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	IT CLAIM		J	+135=	_		OR	+270=		
		(Column 1)			umn 2) HEST	(Column	3)	ADDIT. F		ADDI-	Jor 1	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NU PRE	MBER /IOUSLY D FOR	PRESENT EXTRA		RATE		FEE_		RATE	TIONAL FEE	
	Total	•	Minus	••		=	4	X\$ 9			OR	X\$18=		
	Independent	•	Minus	•••	UT CL AID	1=	4	X40=	-		OF	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	-		ОЯ	+270=		
								TO' ADDIT. F	TAL EE		OF	ADDIT. FE	E	
		(Column 1)		(Co	lumn 2)	(Column	3)						·	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESEN EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9	=		OF	X\$18=		
	Independent	•	Minus	•••		1=	$\dashv$	X40	=		OF	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDE				NT CLAI	М []		+135			OF	+270=		
	If the entry in col	umn 1 is less than	n the entry in co	lumn 2, v	vrite "O" in	column 3.	*20 *	TO	TAL		OF	, TOT/	u -	
	' If the "Highest N	. — har Brosdovicki	Paid For IN II	113 SPAL	) E IS 1858 U	han 2 order		ADDIT. I r found in th		propriate t	_	A0011. FE	: C <b>L</b>	

Application or Docket Number